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## BIB DATA SHEET

CONFIRMATION NO. 2970

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/781,503	02/18/2004	600	3767	3126.03US02	
<b>RULE</b>					
<b>APPLICANTS</b> Matthew F. Ogle, Cronoco, MN; Thomas F. Hinnenkamp, White Bear Lake, MN; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/489,288 07/22/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/12/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/BHISMA MEHTA/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> DARDI & HERBERT, PLLC 220 S. 6TH ST. SUITE 2000, U.S. BANK PLAZA MINNEAPOLIS, MN 55402 UNITED STATES					
<b>TITLE</b> Medical articles incorporating surface capillary fiber					
<b>FILING FEE RECEIVED</b> 845	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	